

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500		STREET ADDRESS, CITY, STATE, ZIP CODE: 401 NORTH YORK ROAD WARMINSTER, PA 18974			
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S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

Pennsylvania Department of Health

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S 0160		S 0160			

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S 0160	Continued from page 3 551.101 Correction of Deficiency - Policy 551.101 Policy If an ASF notifies the Department that it has completed a plan of correction and corrected its deficiencies, the Department will conduct a survey to ascertain completion of the plan of correction. Upon finding full or substantial compliance, as defined in 551.82 (b)(relating to a regular license), the Department will issue a regular license. This REGULATION is not met as evidenced by:	S 0160	The Governing Board will reflect all approvals, list them on the minutes, and not refer to attachments. The Medication Administration Policy will be again reviewed with all clinical staff, specifically, "medications must be recorded in the patient's medical record accurately. The drug, dosage, route, signature of nurse giving medication, time and date." Preoperative medications that are given must be signed, dated and timed. When eye drops are ordered more than one time at different intervals, each medication time must be initialed and each medication must be signed individually and shall not be grouped together. All nursing staff will be re-educated, instructed the proper way to document, and give a medication. A return demonstration competency of the policy related to documentation of medications will be completed for each staff nurse. Charts will be audited daily for 30 days to ensure compliance. Results will be reported	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

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S 0160	Continued from page 4	S 0160	<p>to the Safety/Risk Management Committee, Medical Advisory and Governing Boards.</p> <p>Ongoing corrective action will continue to be monitored by the monthly chart audit tool. The nursing staff audit fifteen charts monthly. The Administrator to the Patient Safety and Quality Improvement, Safety/Risk Management, Medical Advisory Board and Government Board Committees will report results. The Administrator and Medical Director are responsible for this plan of correction.</p>		

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S 0160	<p>Continued from page 5</p> <p>Based on review of the facility's Plan of Correction (PoC), medical records (MR), personnel files (PF), facility documents and interview with staff (EMP), it was determined the facility failed to correct deficient practice by failing to follow the Plan of Correction submitted and accepted by the Department for the survey dated May 25, 2023. The corrective action date as approved by the Department was June 20, 2023</p> <p>Findings include:</p> <p>1. Review on August 15, 2023, of the facility's PoC statement for 553.31 (a) Administrative responsibilities, revealed "Corrective Action: The Administrator shall appoint a designated person to oversee the day-to-day operations in the event of his/her absence who has authority and responsibility for the Center ... plan of correction and will be presented to the ... Governing Board.</p>	S 0160			

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S 0160	Continued from page 6 Review on August 15, 2023, of PF2 and governing body meeting minutes revealed no documentation the new staff appointment as interim administrator was presented to the governing body and no documentation of a signed job description or orientation for the position. 2. Review on August 15, 2023, of the facility's PoC statement for 555.11 Medical orders, revealed "Corrective Action: Facility policy 'Medical Orders' will be reviewed with all Nursing staff on 6/20/23. RNs have been instructed to follow the MD's order as written. All physician orders and medication records have been revised to reflect clear readable orders ... All physicians will review and sign-off on the new orders ... The facility is adopting a "Standing Orders" policy to ensure timely care of patients ... The policy will be shared with the Medical Staff by 6/30/23 ... plan of correction and will be presented to the Medical Advisory and Governing Board."	S 0160			

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S 0160	<p>Continued from page 7</p> <p>Review on August 15, 2023, of MR1, MR2, MR3, MR4, MR5, and MR6, revealed the application of the Standing Orders did not follow establish policy for implementing standing orders.</p> <p>3.Review on August 15, 2023, of the facility's PoC statement for 563.13 Entries, revealed "Corrective Action ... All physicians and nursing staff will be re-educated on the importance of documentation in the medical record. The Policy will be reviewed with each clinical staff member..."</p> <p>Review on August 15, 2023, of MR2, MR3 and MR6 revealed nursing staff failed to follow establish policy for the documentation of signatures.</p> <p>4.Review on August 15, 2023, of the facility's PoC statement for 563.13 (c) Entries, revealed</p>	S 0160			

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S 0160	Continued from page 8 "Corrective Action ... all nursing staff and physicians will be re-educated on the Medication Administration Policy, specifically, 'medications must be recorded in the patient's medical record accurately. The drug, dosage, route, signature of nurse giving medication, time, and date ... " Review on August 15, 2023, of MR1, MR2, MR3, MR4 and MR6 revealed pre-operative medications were administered at various time intervals and the documented times were grouped together and signed with a single signature. Interview on August 15, 2023, at 12:30 PM with EMP1 confirmed the facility did not comply with their plan of correction that was submitted to the Department and approved June 20, 2023.	S 0160			
S 331A		S 331A			

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S 331A	Continued from page 9 553.31 (a) Administrative responsibilities A full time person in charge shall be appointed who has authority and responsibility for the operation of the ASF at all times. Qualifications, authority, responsibilities and duties of the person in charge shall be defined in a written statement adopted by the governing body. This REGULATION is not met as evidenced by:	S 331A	The Administrator shall appoint a designated person to oversee the day-to-day operations in the event of his/her absence who has authority and responsibility for the Center. The Administrator may appoint the Director of Nursing and/or Infection Control Nurse. During this time, they will not be direct patient care. The administrator in charge will be added to the weekly scheduled to ensure compliance. All staff will be made aware of the "administrator in charge." The Medical Advisory Board and Governing Board were again notified on August 17, 2023 for the need to appoint an interim administrator in the event of the Administrators' absence. The Director of Nursing and Infection Control Nurse were oriented on August 15, 2023, and a signed position description is in their personnel files. The Medical Director and Administrator are responsible for this plan of correction and will be presented to the Medical Advisory and Governing Board once approved.	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

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S 331A	Continued from page 10 Based on review of facility documents, personnel files (PF) and interview with staff (EMP) it was determined the facility failed to designate an interim administrator in the absence of the facility administrator. Findings include: Review on August 15, 2023, of facility document "Wills Surgery Center Bucks County, Governing Board Meeting" dated June 29, 2023, revealed "The Governing Board met Ad Hoc to review the results and POC of the Department Health Survey conducted on 5/23/2023. A Plan of Correction has been submitted and approved on 6/20/2023 ..." Further review revealed no documentation the governing board was notified an interim administrator was appointed in the absence of the facility administrator. Review on August 15, 2023, of PF2 revealed no	S 331A			

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S 331A	Continued from page 11 documentation of a signed job description or orientation for the position of interim administrator. Interview on August 15, 2023, with EMP1 confirmed PF2 was not oriented to the position of interim administrator and confirmed they did not have a signed job description.	S 331A			
S 551A		S 551A			

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S 551A	Continued from page 12 555.11 (a) MEDICAL ORDERS - Written 555.11 Medical orders Written orders (a) Medication or treatment shall be administered by authorized persons to administer drugs and medications only upon written and signed orders of a practitioner acting within the scope of the practitioner's license. This REGULATION is not met as evidenced by:	S 551A	All physicians and nursing staff will be re-educated on the revised standing order physician treatment/order sheets that will be signed, dated and timed the day of surgery. Each physician will identify the medication therapy on the standing order for the patient. Unless there is an allergy, the orders as written reflect the appropriateness for the patient. If an allergy is reported, a substitution medication will be administered. The Administrator and/or the Director of Nursing will audit 10 patient charts daily for 2 weeks to ensure 100% compliance. Results of the audits will be reported to the Safety Committee as well as the Medical Advisory and Governing Boards. Ongoing performance will be monitored by including a "Standing Orders" measure to the monthly chart audit. Fifteen charts are audited monthly. Identified non-compliance will be reported to the Medical Director for discussion	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

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S 551A	Continued from page 13	S 551A	with the provider. Results will be reported by the Administrator to the Patient Safety and Quality Improvement, Risk Management, Medical Advisory and Governing Board committees. The Medical Director and Administrator are responsible for this plan of correction and will be presented to the Medical Advisory and Governing Boards.		

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S 551A	<p>Continued from page 14</p> <p>Based on a review of facility policy, medical records (MR) and interview with staff (EMP), it was determined the facility failed to follow established policy to follow a standardized format for the implementation and completion of standing orders.</p> <p>Findings include:</p> <p>A written request via email was made on August 21, 2023, approving the use of standing orders. None provided.</p> <p>Review on August 21, 2023, of facility document "Wills Surgery Center Bucks County, Governing Board Meeting" dated June 29, 2023, revealed "The Governing Board met Ad Hoc to review the results and POC of the Department Health Survey conducted on 5/23/2023. A Plan of Correction has been submitted and approved on 6/20/2023 ..."</p> <p>Further review revealed no documentation the governing board approved the use of standing</p>	S 551A			

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S 551A	Continued from page 15 orders. Review on August 15, 2023, of facility policy "Standing Orders" effective June 29, 2023, revealed "... Standing Orders must ... Be approved for use in this institution through appropriate medical staff and nursing process ... follow a standardized format for the prescriber to select desired orders [checkbox or circle] ... Be individualized as appropriate to the needs a condition of the specific patient to which the orders are being applied ..." Review on August 15, 2023, if MR1, MR2, MR3, MR4, MR5 and MR6 revealed these patients presented to the surgery center for a surgical procedure between the dates of July 26, 2023, thru August 14, 2023. Further review of physician documentation "Standing Physician Treatment/Order Sheet" revealed no documentation for a standardized format to select orders, via checkbox or circle, that were specific to the patient's needs	S 551A			

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S 551A	Continued from page 16 and condition. Interview on August 15, 2023, with EMP1 confirmed the standing order sheet did not follow the facility's established policy to select orders based on the specific patient's need or condition.	S 551A			
S 554A		S 554A			

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S 554A	Continued from page 17 555.24 (a) Surgical Services - Postoperative Care 555.24 Postoperative Care (a) The findings and techniques of an operation shall be accurately and completely written or dictated immediately after procedure by the practitioner medical staff member who performed the operation. If a physician assistant or certified registered nurse practitioner performed part of the operation, the findings and techniques of the procedure shall be accurately and completely recorded and the report shall be countersigned by the medical staff member. This description shall become a part of the patient's medical record. This REGULATION is not met as evidenced by:	S 554A	All procedures performed are dictated by the physician immediately following the completion of the procedure within 24 hours. The typed corrected operative note is signed by the physician within 30 days and placed in the patient's medical record. All physicians will be re-educated on documentation of findings and techniques of the operation and including such on the Progress Notes. A sign-off will be maintained to show compliance. Charts will be audited daily for 30 days to ensure compliance. Results will be reported to the Safety/Risk Management Committee, Medical Advisory and Governing Boards. Ongoing corrective action will be monitored by the monthly chart audit tool that will include progress note completion. Fifteen charts are audited monthly by the nursing staff. Results will be reported by the Administrator to the Patient Safety and Quality Improvement, Safety/Risk Management, Medical	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 554A	<p>Continued from page 19</p> <p>Based on review of facility documents, medical records (MR), and interview with staff (EMP), it was determined that the facility failed to ensure the findings and techniques of the operation were written after the procedure by the practitioner who performed the operation for 4 of 6 medical records reviewed (MR1, MR2, MR3, MR6).</p> <p>Findings include:</p> <p>Review on August 15, 2023, of facility document "Medical Staff Guidelines" not dated reveled "...An operative note shall be dictated immediately following the surgical procedure ..."</p> <p>Review on August 15, 2023, of revealed these patients presented to the center for a surgical procedure between July 25, 2023 and August 14, 2023. Further review of physician documentation "Progress Notes" for MR1, MR2, MR3 and MR6 revealed no documentation of the findings and</p>	S 554A			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER OF BUCKS COUNTY STATE LICENSE NUMBER: 07431500		STREET ADDRESS, CITY, STATE, ZIP CODE: 401 NORTH YORK ROAD WARMINSTER, PA 18974			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 554A	Continued from page 20 techniques of the operation, and no documentation an operative note was dictated. Interview on August 15, 2023, with EMP1 at approximately 1:00 PM with EMP1 confirmed the physicians did not document an operative note of findings or techniques immediately after the procedure and confirmed no documentation the physicians dictated a note immediately following the procedure.	S 554A			
S 6413		S 6413			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6413	Continued from page 21 563.13 (a) Entries 563.13 Entire (a) Entries in the record shall be dated and authenticated by the person making the entry. This REGULATION is not met as evidenced by:	S 6413	All nursing staff will be re-educated and instructed on the importance of Documentation in the medical record. The Policy will be reviewed with each clinical staff member to reinforce the requirement of signature, specifically, "documentation of nursing care must include the nurse's signature which consists of the first initial, surname and title." A return demonstration competency will be performed for each nurse to ensure compliance. Staff will receive a copy of the policy as and a sign off sheet will confirm onsite education. The Director of Nursing will audit 10 patient charts daily for 2 weeks to ensure 100% compliance. Ongoing corrective action will be monitored by proper signature present to the monthly chart audit. Fifteen charts are audited monthly by the nursing staff. Results will be reported by the Administrator to the Patient Safety and Quality Improvement, Risk Management, Medical Advisory Board and	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6413	Continued from page 22	S 6413	Governing Board Committees. The Administrator and Medical Director are responsible for this plan of correction.		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6413	<p>Continued from page 23</p> <p>Based on review of facility policy, medical records (MR) and interview with staff (EMP) it was determined the facility failed to follow established policy for documentation of signatures in the medical record for 3 of 6 medical records reviewed. (MR2, MR3 and MR6)</p> <p>Findings include:</p> <p>Review on August 15, 2023, of facility policy "Documentation" not dated, revealed "... Documentation of nursing care must also include the nurses' signature. A signature consists of the first initial, surname, and title ..."</p> <p>Review on August 15, 2023, of MR2, revealed the patient presented to the surgery center on July 25, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed initials were documented for the administration of medication.</p>	S 6413			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6413	<p>Continued from page 24</p> <p>Review on August 15, 2023, of MR3, revealed the patient presented to the surgery center on July 27, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed revealed initials were documented for the administration of medication.</p> <p>Review on August 15, 2023, of MR6, revealed the patient presented to the surgery center on July 26, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed revealed initials were documented for the administration of medication.</p> <p>Interview on August 15, 2023, with EMP1 at approximately 11:00 AM confirmed the documentation of medication administration was signed with initials and confirmed the facility policy was not followed.</p>	S 6413			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6413	Continued from page 25	S 6413			
S 6415		S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	Continued from page 26 563.13 (c) Entries 563.13 Entire (c) A single signature on the face sheet of a record does not suffice to authenticate the entire record. Each entry shall be individually authenticated. This REGULATION is not met as evidenced by:	S 6415	All clinical staff will be re-educated on the importance of documentation, specifically, "charts should be written as close to the time of intervention as possible." Atomic digital clocks have been purchased and will be installed in all clinical areas to reinforce accurately reflecting times in the medical record. All nursing staff will be re-educated and instructed on the importance of Documentation and Medication Administration in the medical record. The Policies will be reviewed with each clinical staff member to reinforce the requirement of signature, specifically, "documentation of nursing care must include the nurse's signature which consists of the first initial, surname and title." A return demonstration competency will be performed for each nurse to ensure compliance. Staff will receive a copy of the policy as and a sign off sheet will confirm onsite education. The Director of Nursing will audit 10 patient charts daily for 2 weeks to	Completion Date: 09/30/2023 Status: APPROVED Date: 09/06/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	Continued from page 27	S 6415	<p>ensure 100% compliance.</p> <p>Ongoing corrective action will be monitored by proper signature present to the monthly chart audit. Fifteen charts are audited monthly by the nursing staff. Results will be reported by the Administrator to the Patient Safety and Quality Improvement, Risk Management, Medical Advisory Board and Governing Board Committees. The Administrator and Medical Director are responsible for this plan of correction.</p>		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	<p>Continued from page 28</p> <p>Based on review of facility documents, medical records (MR) and interview with staff (EMP) it was determined the facility failed to follow its established policy to ensure entries into the medical record were signed and dated by healthcare practioner at the time of the entry in 1 of 6 records reviewed. (MR1)</p> <p>Findings include:</p> <p>Review on August 15, 2023, of facility policy "Documentation" not dated revealed "... Charts should be written as close to the time of intervention/action as possible ..."</p> <p>Review on August 15, 2023, of MR1 revealed the patient presented to the surgery center on August 8, 2023. Further review revealed the procedure consent form, procedure start time and discharge evaluation were signed, dated and timed "August 8, 2023, at 9:49 AM."</p>	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	<p>Continued from page 29</p> <p>Interview on August 15, 2023, at approximately 11:30 AM with EMP1 confirmed the following entries: procedure consent form, procedure start time and discharge evaluation were not documented close to the time of the action.</p> <p>_____</p> <p>Based on review of facility policy, medical records (MR) and interview with staff (EMP) it was determined the facility failed to ensure medication entries were individually authenticated in 5 of 6 medical records reviewed. (MR1, MR2, MR3, MR4, MR6)</p> <p>Findings include:</p> <p>Review on August 15, 2023, of facility policy "Medication Administration" not dated, revealed "...medications must be recorded in the patient's medical record accurately. The drug dosage, route, signature of the nurse giving the medication, time and</p>	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	Continued from page 30 date ..." Review on Review on August 15, 2023, of MR1, revealed the patient presented to the surgery center on August 14, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed 5 pre-operative eye medications were documented to be administered 3 times at 15 minute intervals. Further review revealed the time each dose of medication was administered, were grouped together in one box identified as "Time" and signed with 1 signature for all dose administered. Review on August 15, 2023, of MR2, revealed the patient presented to the surgery center on July 25, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed 2 pre-operative eye medications were documented to be administered 2 times at 15 minute	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	<p>Continued from page 31</p> <p>intervals. Continued review revealed 1 pre-operative eye medication was administered 4 times at 15 minute intervals. Further review revealed the time each dose of medication was administered, were grouped together in one box identified as "Time" and signed with either 1 set of initials or a signature.</p> <p>Review on August 15, 2023, of MR3, revealed the patient presented to the surgery center on July 27, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed 6 pre-operative eye medications were documented to be administered 3 times at 5 minute intervals. Further review revealed the time each dose of medication was administered, were grouped together in one box identified as "Time" and signed with 1 set of initials.</p> <p>Review on August 15, 2023, of MR4, revealed the patient presented to the surgery center on August 7,</p>	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023
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S 6415	<p>Continued from page 32</p> <p>2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed 5 pre-operative eye medications were documented to be administered 3 times at 15 minute intervals. Further review revealed the time each dose of medication was administered, were grouped together in one box identified as "Time" and signed with 1 signature.</p> <p>Review on August 15, 2023, of MR6, revealed the patient presented to the surgery center on July 26, 2023, for a surgical procedure. Further review of nursing documentation "Patient Medication Record" revealed 4 pre-operative eye medications were documented to be administered 3 times at 10-minute intervals. Further review revealed the time each dose of medication was administered, were grouped together in one box identified as "Time" and signed with 1 set of initials.</p> <p>Interview on August 15, 2023, with EMP1 at</p>	S 6415			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001057		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 08/16/2023	
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S 6415	Continued from page 33 approximately 11:00 AM confirmed the times pre-operative eye medication were administered were documented in a group and signed with a single signature or initials.			S 6415			



Certified End Page

SURGERY CENTER OF BUCKS COUNTY

STATE LICENSE NUMBER: 07431500

SURVEY EXIT DATE: 08/16/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY